



7160 3901 9848 9056 1692

3. Service Type **CERTIFIED MAIL**
4. Restricted Delivery? (Extra Fee)  Yes
1. Article Addressed to:

COMPLETE THIS SECTION ON DELIVERY	
Received by (Please Print Clearly)	B. Date of Delivery
<i>X Johnson</i>	06-08
C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Liberty National Life Insurance Company**  
**c/o The Corporation Company**  
**2000 Interstate Park**  
**Suite 204**  
**Montgomery, Alabama 36109**

610545428

PS Form 3811, July 2001

Domestic Return Receipt

05CU532

S+C